

KAUFMAN, MILLER & SIVERTSEN

A PROFESSIONAL CORPORATION
ATTORNEYS AND COUNSELORS AT LAW

8215 ROSWELL ROAD

BUILDING 800

ATLANTA, GEORGIA 30350

ROBERT J. KAUFMAN
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Website: www.kauflaw.net

MAILING ADDRESS:
P.O. Box 500189
Atlanta, GA 31150-

0189

July 22, 2011

DELIVERED VIA CERTIFIED MAIL/RETURN RECEIPT REQUESTED
AND BY REGULAR U.S. MAIL

State of Georgia
Department of Administrative Services
Risk Management Division
200 Piedmont Avenue S.E.
Suite 1804, West Tower
Atlanta, Georgia 30334-9010

RECEIPT NO. 70100780000178303649

Cobb County Sheriff's Department
185 Roswell Street
Marietta, Georgia 30060

RECEIPT NO. 70100780000178303656

Cobb County Police Department
140 North Marietta Parkway
Marietta, Georgia 30060

RECEIPT NO. 70100780000178303663

Re: Claim for damages against Cobb County Sheriff's Department, Cobb County Police Department and Cobb County, Georgia relating to the wrongful death of Matthew R. Murdock (Ante Litem Notice)
Our Client: Robin Murdock and the Estate of Matthew R. Murdock
Our File No: 8368-001

TO WHOM IT MAY CONCERN:

This firm, together with the Law Offices of Howard Jarrett Weintraub, P.C., represent the Murdock family and the Estate of Matthew R. Murdock in the above-referenced matter (hereinafter collectively referred to as the "Estate"). Please accept this letter as the Estate's notice to the above-referenced parties for the purpose of providing the required legal *ante litem* notice pursuant to O.C.G.A. § 36-11-1 *et. seq.* and O.C.G.A. § 50-21-26 *et. seq.* with regard to all claims against Cobb County, the Cobb County Sheriff's Department, the Cobb County Police Department, and the State of Georgia, including but not limited to the wrongful shooting death claims that our client intends to assert against Cobb County, the Cobb County Sheriff's Department, the Cobb County Police Department, and the State of Georgia, the events of which are more specifically described below.



KAUFMAN, MILLER & SIVERTSEN

July 22, 2011

Page 2

On the evening of May 19, 2011, shortly after 11:25 P.M., 34 year old Matthew Murdock ("Matthew") was shot and killed without provocation in the presence of a Cobb County Sheriff and a Cobb County Police Officer by Cobb County Police Officer Sean Henry in Mableton, Cobb County, Georgia. Matthew was shot multiple times. Matthew was later transported by ambulance to Atlanta Medical Center for treatment for his gunshot wounds, but died approximately 2 hours later. Matthew was not in possession of a gun at the time of the shooting. No gun was found at the scene, or in Matthew's car, or on Matthew's person.

Matthew was shot to death without justification, provocation or reason. His wrongful death clearly evidences the use of excessive deadly force. Significantly, Officer Henry has a history of excessive use of force and the exercise of poor judgment in high stress situations. Consequently, the Cobb County Police Department and the Cobb County Sheriff's Department are negligent by retaining his services.

The Estate intends to seek damages against Officer Henry and the Cobb County Police and Sheriff's Department (and others) for Matthew's wrongful death, Cobb County's negligent retention of Officer Henry, and other potential causes of action, in addition to Matthew's conscious pain and suffering prior to death, medical expenses, funeral expenses, and all costs and expenses associated with any litigation including attorney's fees. It is estimated that the Estate's damages will be in excess of One Million Dollars.

Please review this notice and contact us within the statutorily required thirty (30) days so that we may determine if the matter may be amicably resolved or if we will be compelled to file suit. Thank you for your time and attention to this matter. We look forward to your written, timely reply to this *ante litem* notice.

Very truly yours,



Robert J. Kaufman

RJK/vsl

cc: Howard Jarrett Weintraub, Esquire
Robin Murdock
Carolyn Murdock
The Estate of Matthew R. Murdock

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Atlanta, GA 31150-0189

July 22, 2011

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AND BY REGULAR U.S. MAIL

Cobb County Board of Commissioners:

Tim Lee, Chairman

Woody Thompson, Vice Chairman

Helen Goreham

Bob Ott

Jo Ann Birrell

100 Cherokee Street

Marietta, Georgia 30090

RECEIPT NO. 70080150000345489879

RECEIPT NO. 70080150000345489886

RECEIPT NO. 70080150000345489893

RECEIPT NO. 70080150000345489909

RECEIPT NO. 70080150000345489916

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Very truly yours,


Robert J. Kaufman

RJK/vsl

cc: Howard Jarrett Weintraub, Esquire
Robin Murdock
Carolyn Murdock
The Estate of Matthew R. Murdock

I:\WP\CW\8368-001\L110623.Ante-Litem.Cobb3.Ltr.doc

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Jo Ann Berneel
100 Cherokee St
Marietta, Ga 30090

2. Article Number
(Transfer from service label)

7008 0150 0003 4548 9916

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

JOAN BERNEEL

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐
- Certified Mail
- ☐
- Express Mail
-
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
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- ☐
- Insured Mail
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tim Lee Chairman
100 Cherokee St
Marietta, Ga 30090

2. Article Number
(Transfer from service label)

7008 0150 0003 4548 9879

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

TIM LEE

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐
- Certified Mail
- ☐
- Express Mail
-
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
-
- ☐
- Insured Mail
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Woody Thompson, Vice
Chairman
100 Cherokee St
Marietta, Ga 30090

2. Article Number
(Transfer from service label)

7008 0150 0003 4548 9886

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

WOODY THOMPSON

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐
- Certified Mail
- ☐
- Express Mail
-
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
-
- ☐
- Insured Mail
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Helen Goreham
100 Cherokee St
Marietta, Ga 30090

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

JUL 25 2011

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 0150 0003 4548 9893

PS Form 3811, February 2004

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bob Ott
100 Cherokee St
Marietta, Ga 30090

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

JUL 25 2011
Helen Goreham

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 0150 0003 4548 9909

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cobb County Sheriff's
Dept.
185 Reswee St
Marietta, Ga 30060

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

JUL 25 2011
Helen Goreham

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7010 0780 0001 7830 3656

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p><i>State of Ga. Dept Admin Serv. Risk Mngg. Division 200 Piedmont Ave Ste. 1804 West Tower Atlanta, Ga 30334</i></p>	<p>B. Received by (Printed Name) <i>JANE ECKERS</i> C. Date of Delivery <i>7-26-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p>7010 0780 0001 7830 3649</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>